

MD

P.1

MISC

1/2

5

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|--|--|--|--|--|
| NAME OF FILER JONATHAN ALVINITO & AFFILIATED ENTITIES | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only R |
| AREA CODE/PHONE NUMBER 619-807-1137 | I.D. NUMBER (if applicable) 1307421 | Report No. 1 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY | STATE | ZIP CODE | | |
| | | No. of Pages 2 | | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|--|---|---|
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

May 30 2008 14:51

6196677655

C. April Boling, CPA

May 30 08 02:50p

MISC

2/2

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | | |
|--|--------------------------------------|--|---------------------------|--|---|
| NAME OF FILER JONATHAN ALVINITO & AFFILIATED ENTITIES | | Date of This Filing 05/30/2008 | Date Stamp MAY 30 2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 619-807-1137 | ID NUMBER (if applicable) 1307421 | Report No. 1 | | | |
| STREET ADDRESS 11111 BIRCHMOUNT PLACE SUITE 100 | | <input type="checkbox"/> Amendment to Report No. (explain below) | | | |
| CITY SAN DIEGO | STATE CA | ZIP CODE 92108 | No. of Pages 2 | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|---|------------------------|-------------------------------------|
| 05/28/2008 | San Diego County Republican Central Committee ID: 741949 | (Contribution made by Corinthian Financial Group Corp.) | 7000.00 | |
| | | | | |
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Reason for Amendment: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

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497 CONTRIBUTION REPORT

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|--|---------------------------------------|----------|
| NAME OF FILER Sleni P. Tsakopoulos-Kounalakis and Affiliated Entities | | |
| AREA CODE/PHONE NUMBER (916) 383-2500 | I.D. NUMBER (if applicable) 494169 | |
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

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| Date of This Filing 05/30/2008 |
| Report No. 482 |
| <input type="checkbox"/> Amendment to Report No. (explain below) |
| No. of Pages 1 |

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| <p>Date Stamp RECEIVED AND FILED in the office of the Secretary of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State</p> | <p>CALIFORNIA FORM 497 For Official Use Only</p> |
|---|---|

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|--|--|------------------------|----------------------------------|
| 05/30/2008 | Tony Thurmond for Assembly (W1296272) | Tony Thurmond State Assembly Person Assembly District : 14 | 3,600.00 | 06/03/2008 |
| | | | | |
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Reason for Amendment: _____

05/30/2008 16:42 OLSON, HAGEL 9164421280 + 505 NO.553 0001

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916.653.5045

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496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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|--|---|----------|
| NAME OF FILER DEVIN NUNES CAMPAIGN COMMITTEE | | |
| AREA CODE/PHONE NUMBER 559.739.8903 | I.D. NUMBER (If Applicable) C00370056 | |
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

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| Date of This Filing 5/30/08 |
| Report No. |
| <input type="checkbox"/> Amendment to Report No. (explain below) |
| No. of Pages |

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of the State of California
MAY 30 2008
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM **496**

For Official Use Only

R

1. List Only One Candidate or Ballot Measure

| | | | |
|--|---------------------------|---------------------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED CONNIE CONWAY | | | |
| OFFICE SOUGHT OR HELD CA ASSEMBLY | DISTRICT NO. 34 | SUPPORT X | OPPOSE |

| | | | |
|---|--------------|---------|--------|
| NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|---------|-------------------------------------|-----------|
| 5/29/08 | 60 SECOND RADIO AD (PRODUCTION/BUY) | \$9427.92 |
| | | |
| | | |
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| | | |
| | | |

Reason for Amendment: _____

001/002

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC.

1072
LATE CONTRIBUTION REPORT

NAME OF FILER

Jeff Burum Enterprises and affiliated entities

Date of
This Filing 05/30/2008RECEIVED AND FILED
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of the State of California

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

9094811150

1250500

Report No. 001

MAY 30 2008

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STREET ADDRESS

☐ Amendment
to Report No. _____
(explain below)DEBRA BOWEN
Secretary of State

No. of Pages 2

1/2

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|------------------|--|--|---|--------------------|
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

IND - Individual

PTY - Political Party

COM - Recipient Committee (other than PTY or SCC)

SCC - Small Contributor Committee

OTH - Other

Reason for Amendment: _____

May 30 2008 16:37

KAUFMAN DOWNING LLP

05/30/2008 16:34 FAX 12134526575

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

2 of 2

NAME OF FILER

Jeff Burum Enterprises and affiliated entities

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1250500

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing

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Report No.

MAY 30 2008

☐ Amendment
to Report No. _____
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DEBRA BOWEN
Secretary of State

No. of Pages

2 / 2

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Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|----------------|--|---|---------------------------|-------------------------------------|
| 05/29/2008 | Bob Dutton for State Senate ID: 1272833 | Bob Dutton State Senator Senate District Ballot: Dist: 31 | 2257.14 | 06/03/2008 |
| 05/29/2008 | Bob Dutton for State Senate ID: 1272833 | Bob Dutton State Senator Senate District Ballot: Dist: 31 | 500.00 | 06/03/2008 |
| 05/29/2008 | Bob Dutton for State Senate ID: 1272833 | Bob Dutton State Senator Senate District Ballot: Dist: 31 | 842.86 | 06/03/2008 |
| | ID: | Ballot: Dist: | | |

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

9

LATE CONTRIBUTION REF

NAME OF FILER

Daly for Judge

AREA CODE/PHONE NUMBER

510 468 1139

I.D. NUMBER (if applicable)

1305065

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing

5/30/08

Date Stamp

MAY 30 2008

Report No.

ST 2

☐ Amendment
to Report No.
(explain below)

No. of Pages

2

RECEIVED AND FILED
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of the State of California

DEBRA BOWEN
Secretary of State

CALIFORNIA
FORM

497

For Official Use Only

R

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|------------------|---|---|--|--|
| 5/29/08 | Richard A. Rubin Esq. | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Rubin & Associates Attorney | \$1,500.00 <input type="checkbox"/> Check if Loan |
| 5/29/08 | Fremont Professional Firefighters Political Action Committee ID 1241349 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | - | \$1,500.00 <input type="checkbox"/> Check if Loan |
| 5/29/08 | Padilla for Senate #1292700 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 <input type="checkbox"/> Check if Loan |

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

Late Contribution Report

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| | | | | |
|---|---|--|--|--|
| NAME OF FILER Daly for Judge | | Date of This Filing 5/30/08 in the office of the Secretary of State of the State of California | | RECEIVED AND FILED CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 510 468 1139 | I.D. NUMBER (if applicable) 1305065 | Report No. ST3 MAY 30 2008 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | DEBRA BOWEN Secretary of State |
| CITY _____ | STATE _____ | ZIP CODE _____ No. of Pages 2 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|---|---|
| 5/3/08 | Gottchett, Pitre, & McCarthy | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 <input type="checkbox"/> Check if Lo. |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Lo. |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Lo. |

*Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)

PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
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MISC

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1572
LATE CONTRIBUTION REPORT

| | | | | | |
|--|--|----------|---|---|---|
| NAME OF FILER Committee To Elect John C Gutierrez To The Superior Court | | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State 1 / 2 | CALIFORNIA FORM 497 For Official Use Only R |
| AREA CODE/PHONE NUMBER (818) 260-0669 | I.D. NUMBER (if applicable) 1285409 | | Report No. 001 | | |
| STREET ADDRESS | | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | No. of Pages 2 | | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|---|-----------------|
| 05/30/2008 | Dennis Schwartz ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Attorney Dennis A Schwartz | 1000.00 |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
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2072
LATE CONTRIBUTION REPORT

NAME OF FILER

Committee To Elect John C Gutierrez To The Superior Court

Date of
This Filing

in the office of the Secretary of State
of the State of California

CALIFORNIA
FORM 497

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1285409

Report No.

MAY 30 2008

For Official Use Only

STREET ADDRESS

☐ Amendment
to Report No. _____
(explain below)

DEBRA BOWEN
Secretary of State

CITY

STATE

ZIP CODE

No. of Pages

2 / 2

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|--------------|--|--|---------------------------|-------------------------------------|
| | ID: | Ballot: Dist: | | |
| | ID: | Ballot: Dist: | | |
| | ID: | Ballot: Dist: | | |
| | ID: | Ballot: Dist: | | |

Reason for Amendment: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

Misc

5

497 CONTRIBUTION REPORT

| | | | |
|---|---------------------------------------|---|--|
| NAME OF FILER JERRY NASTARI FOR SUPERIOR COURT JUDGE | | Date of This Filing <u>05/30/2008</u> | Date Stamp RECEIVED AND FILED in the office of the Secretary of State of California MAY 30 2008 DEBRA BOWEN Secretary of State |
| AREA CODE/PHONE NUMBER (415) 732-7700 | ID. NUMBER (if applicable) 1303229 | Report No. <u>P08-PPM-12</u> | CALIFORNIA FORM 497 For Official Use Only |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY _____ | STATE _____ ZIP CODE _____ | No. of Pages <u>1</u> | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|---|---|
| 05/30/2008 | GEORGE MARCUS | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | CHAIRMAN THE MARCUS AND MULLICHAP COMPANY | 2,500.00 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | SOS Political Reform Division FAX (916) 853-5045 S.F. Department of Elections FAX (415) 554-1344 S.F. County Registrar/Recorder FAX (502) 831-2548 San Mateo County Clerk FAX (650) 312-5348 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

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May-30-08 04:05pm

497 Contribution Report

MISC
Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER

MATIC CORPORATION

AREA CODE PHONE NUMBER

ID NUMBER (if applicable)

483212

STREET ADDRESS

STATE

ZIP CODE

Date of
This Filing

05/10/08

Report No.

LCR99-196

☐ Amendment
to Report No.
(explain below)

No. of Pages

RECEIVED AND FILED

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of the State of California

MAY 30 2008

 DEBRA BOWEN
Secretary of State

497 CONTRIBUTION REPORT

CALIFORNIA
FORM

497

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2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTERED, NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|--------------|--|---|---------------------------|-------------------------------------|
| 05/30/2008 | HANSBERGER FOR SUPERVISOR (#951669) | DENNIS HANSBERGER County Supervisor SAN BERNARDINO COUNTY | 2,500 00 | |
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| | | | | |

Secretary of State Political Reform Division
 FAX (916) 253-9045
 San Francisco County Registrar of Voters
 FAX (415) 554-7344
 A. County Registrar/Recorder Campaign
 Reporting
 FAX (562) 861-2343

☐ FAX:

Reason for Amendment:

 5820.01 *8* *Sanj* *u*

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|--|---------------------------------------|--|---------------------------|--|
| NAME OF FILER GERSON BAKAR AND ASSOCIATES AND AFFILIATED ENTITIES | | Date of This Filing 05/30/2008 | Date Stamp MAY 30 2008 | CALIFORNIA FORM 497 RECEIVED AND FILED in the Office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 478277 | Report No. | For Official Use Only | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY | STATE | ZIP CODE | No. of Pages | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|---|------------------------|-------------------------------------|
| 05/29/2008 | JERRY HILL FOR STATE ASSEMBLY (#1290051) | JERRY HILL State Assembly Person Assembly District : 19 | 1,500.00 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

☒ SOS Political Reform Division
 FAX (916) 653-5045
☒ S.F. Department of Elections
 FAX (415) 554-7344
☒ L.A. County Registrar/Recorder
 FAX (562) 651-2548

Reason for Amendment:

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FAX ()

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | |
|--|---------------------------------------|---|--|
| NAME OF FILER Erika Girardi | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State |
| AREA CODE/PHONE NUMBER (213) 977-0211 | ID. NUMBER (if applicable) 1267617 | Report No. 460 | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY | STATE | ZIP CODE | |
| | | No. of Pages 2 | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|--|--|------------------------|-------------------------------------|
| 05/30/2008 | Killeri Merritt for Judge (#1303669) | Killeri Merritt Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/30/2008 | Jared Moses for Judge (#1303751) | Jared Moses Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/30/2008 | Kathleen Blanchard for Judge (#1303981) | Kathleen Blanchard Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/30/2008 | Murillo for Judge (#1304973) | Serena Murillo Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |

Reason for Amendment: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/30/2008 15:54 OLSON, HAGEL 9164421280 + 505 NO.546 0001

497 Contribution Report

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Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | |
|--|--|--|---|
| NAME OF FILER Brika Girardi | | Date of This Filing 05/30/2008 | RECEIVED AND in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State |
| AREA CODE/PHONE NUMBER (213) 977-0211 | I.D. NUMBER (if applicable) 1267617 | Report No. 460 | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | |
| STATE | ZIP CODE | No. of Pages 2 | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 05/30/2008 | Patricia Nieto for Superior Court Judge (#1304401) | Patricia Nieto Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
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Reason for Amendment: _____

Late Contribution Report

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Type or print in ink.
Amounts may be rounded to whole dollars.

misc

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LATE CONTRIBUTION REPORT

| | | | |
|--|--|---|--|
| NAME OF FILER Pat Connolly for Judge | | Date of This Filing 05/30/2008 | Date Stamp RECEIVED AND in the office of the Secretary of State of California MAY 30 2008 DEBRA BOWEN Secretary of State 1/2 |
| AREA CODE/PHONE NUMBER (213) 489-4792 | I.D. NUMBER (if applicable) 1304862 | Report No. LCR-80529 | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| CITY | STATE | ZIP CODE | |
| | | No. of Pages 2 | |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|---|-----------------|
| 05/29/2008 | Leonard Greenstone ID: | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | Retired None | 1000.00 |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other

PTY - Political Party
SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

2/2
Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | |
|---|--|---|---|-----------------------|
| NAME OF FILER Pat Connolly for Judge | | Date of This Filing _____ | RECEIVED AND in the office of the Secretary of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State 2/2 | For Official Use Only |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 1304862 | Report No. _____ | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
| 1 | ID: | Ballot: Dist: | | |
| 1 | ID: | Ballot: Dist: | | |
| 1 | ID: | Ballot: Dist: | | |
| 1 | ID: | Ballot: Dist: | | |

Reason for Amendment: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

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|--|---------------------------------------|---|--|--|
| NAME OF FILER The DeSilva Group, Inc. and Affiliated Entities | | Date of This Filing 05/30/2008 | Date Stamp MAY 30 2008 | 497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (925) 828-7999 | I.D. NUMBER (if applicable) 490008 | Report No. 454 | RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY STATE ZIP CODE | | No. of Pages 1 | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|---|------------------------|-------------------------------------|
| 05/29/2008 | Kevin Johnson for Mayor (#1304543) | Kevin Johnson Mayor Sacramento | 1,150.00 | 06/03/2008 |
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Reason for Amendment: _____

[Signature]

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497 Contribution Report

Type or print in ink
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|--|--|---|---|--|
| NAME OF FILER Srika Girardi | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the office of the Secretary of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (213) 977-0211 | I.D. NUMBER (if applicable) 1267617 | Report No. 460 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY | STATE | ZIP CODE | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|----------------------------------|
| 05/30/2008 | Hillari Merritt for Judge (#1303669) | Hillari Merritt Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/30/2008 | Jared Moses for Judge (#1303751) | Jared Moses Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/30/2008 | Kathleen Blanchard for Judge (#1303981) | Kathleen Blanchard Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/30/2008 | Murillo for Judge (#1304973) | Serena Murillo Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |

Reason for Amendment: _____

FPPC Form 497 (November 07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

[Signature]

05/30/2008 15:50 OLSON, HAGEL 9164421280 + 916 653 5045 NO.544 0001

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

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|--|--|--|---|-------------------------|
| NAME OF FILER Erika Girardi | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the Office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State | 497 CONTRIBUTION REPORT |
| AREA CODE/PHONE NUMBER (213) 977-0211 | I.D. NUMBER (if applicable) 1267617 | Report No. 460 | | CALIFORNIA FORM 497 |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | For Official Use Only |
| STATE | ZIP CODE | No. of Pages 2 | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 05/30/2008 | Patricia Nieto for Superior Court Judge (#1304401) | Patricia Nieto Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
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Reason for Amendment: _____

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497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER

De Anza Building and Maintenance, Inc.

AREA CODE/PHONE NUMBER

(408) 738-4444

ID NUMBER (if applicable)

1307414

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing

5/29/08

Report No.

1

☐ Amendment
to Report No. _____
(explain below)

No. of Pages

1

Date Stamp

MAY 30 2008

DEBRA BOWEN
Secretary of State

497 CONTRIBUTION REPORT

CALIFORNIA
FORM

49

For Official Use Only

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|--------------|---|--|---------------------------|-------------------------------------|
| 5/29/08 | Dominic Caserta for Assembly (FPA ID# 1293593) | State Assembly | \$3,600.00 | 6/3/08 |
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Reason for Amendment: _____

No. 0980 P. 2
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MAY 30 2008 2:16PM
Washington Mutual

MISC 8

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|---|--|--|--|---|
| NAME OF FILER Washington Mutual Inc., Political Action Committee | | Date of This Filing 5/30/2008 | Date Stamp MAY 30 2008 | RECEIVED AND FILED CALIFORNIA FORM 497 in the office of the Secretary of State of the State of California For Official Use Only |
| AREA CODE/PHONE NUMBER 206-500-4944 | I.D. NUMBER (if applicable) 1306381 | Report No. 1 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY | STATE | ZIP CODE | | |
| | | No. of Pages 1 | DEBRA BOWEN Secretary of State | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|---|---|------------------------|-------------------------------------|
| 5/30/2008 | Pedro Nava 2008 | Pedro Nava Assembly District 35 | \$1500.00 | 11/4/2008 |
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Reason for Amendment: _____

497 Contribution Report

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Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

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|--|---------------------------------------|--|---------------------------|---|
| NAME OF FILER Tanimura & Antle | | Date of This Filing 5/30/08 | Date Stamp MAY 30 2008 | CALIFORNIA FORM 497 RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State For Official Use Only K |
| AREA CODE/PHONE NUMBER 831-455-2950 | I.D. NUMBER (if applicable) 499385 | Report No. 1 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY | STATE | ZIP CODE | No. of Pages 1 | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|---|------------------------|-------------------------------------|
| 5/23/08 | Friends of Jeff Denham Against the Recall | Recall Jeff Denham | 10,000 | 6/3/08 |
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Reason for Amendment: _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

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107-2
497 CONTRIBUTION REPORT

NAME OF FILER
Keith D. Griffin

AREA CODE/PHONE NUMBER
213/977-0211

I.D. NUMBER (if applicable)

STREET ADDRESS

CITY
J

STATE

ZIP CODE

Date of This Filing
05/30/2008

Report No.
448

☐ Amendment to Report No. (explain below)

No. of Pages
2

RECEIVED AND FILED
in the office of the Secretary of State of the State of California
MAY 30 2008
DEBRA BOWEN
Secretary of State

CALIFORNIA FORM 497
For Official Use Only

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 05/29/2008 | Bianco for Judge (#1301604) | James Bianco Superior Court Judge Los Angeles county | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Friends of Lloyd Levine (#1278106) | Lloyd Levine State Senator Senate District | 3,600.00 | 06/03/2008 |
| 05/29/2008 | Jared Moses for Judge (#1303751) | Jared Moses Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Kathleen Blanchard for Judge (#1303981) | Kathleen Blanchard Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |

Reason for Amendment:

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/30/2008

13:05

OLSON, HAGEL

9164421280 → SOS

May 30 2008 14:00

NO. 531

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[Signature]

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

2072
497 CONTRIBUTION REPORT

| | | | | |
|--|-----------------------------|--|--|---|
| NAME OF FILER Keith D. Griffin | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 213/977-0211 | I.D. NUMBER (if applicable) | Report No. 448 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY | STATE | ZIP CODE | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 05/29/2008 | Murillo for Judge (#1304973) Altadena, CA 91001 | Serena Murillo Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Patricia Nieto for Superior Court Judge (#1304401) | Patricia Nieto Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Rocky L. Crabb for Judge (#1304272) | Rocky L. Crabb Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| | | | | |

Reason for Amendment:

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/30/2008

13:05

OLSON, HAGEL

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May 30 2008 14:08

NO. 531

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497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

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1072
497 CONTRIBUTION REPORT

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|--|---------------------------|---|---|---|
| NAME OF FILER Amy Pisch Solomon | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (213) 977-0211 | ID NUMBER (if applicable) | Report No. 443 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 05/29/2008 | Bianco for Judge (#1301604) | James Bianco Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Jared Moses For Judge (#1303751) | Jared Moses Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Murillo for Judge (#1304973) | Serena Murillo Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Patricia Nieto for Superior Court Judge (#1304401) | Patricia Nieto Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |

Reason for Amendment: _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/30/2008

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OLSON, HAGEL

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[Signature]

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

2072
497 CONTRIBUTION REPORT

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|--|----------------------------|---|---------------------------|---|---|
| NAME OF FILER Amy Fisch Solomon | | Date of This Filing 05/30/2008 | Date Stamp MAY 30 2008 | RECEIVED AND FILED in the office of the Secretary of the State of California DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 State For Official Use Only |
| AREA CODE/PHONE NUMBER (213) 977-0211 | ID. NUMBER (if applicable) | Report No. 443 | | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | | |
| CITY | STATE | ZIP CODE | No. of Pages 2 | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|--|--|------------------------|-------------------------------------|
| 05/29/2008 | Rocky L. Crabb for Judge (#1304272) | Rocky L. Crabb Superior Court Judge Los Angeles County | 1,000.00 | 06/03/2008 |
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Reason for Amendment: _____

MISC

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497 Contribution Report

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Amounts may be rounded to whole dollars.

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497 CONTRIBUTION REPORT

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|---|---------------------------------------|---|----------------|--|
| NAME OF FILER San Luis Obispo Cattlemen's Political Action Committee | | Date of This Filing 5/29/08 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State |
| AREA CODE/PHONE NUMBER (805) 238-7110 | I.D. NUMBER (if applicable) 830606 | Report No. 1 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | No. of Pages 2 | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|--|--|---|
| | N/A | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

*Contributor Codes

IND – Individual
 COM – Recipient Committee (other than PTY or SCC)
 OTH – Other (e.g., business entity)
 PTY – Political Party
 SCC – Small Contributor Committee

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

2/2

497 CONTRIBUTION REPORT

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|---|---------------------------------------|--|-------------------|---|
| NAME OF FILER San Luis Obispo Cattlemen's Political Action Committee | | Date of This Filing 5/29/08 | Date Stamp | CALIFORNIA FORM 497 For Official Use Only RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State |
| AREA CODE/PHONE NUMBER (805) 238-7110 | I.D. NUMBER (if applicable) 830606 | Report No. 1 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY | STATE | ZIP CODE | No. of Pages 2 | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|---|--|------------------------|-------------------------------------|
| 5/29/08 | Lenthall for Supervisor ID# 1257989 | Jerry Lenthall Third District Supervisor | \$2,000.00 | June 3, 2008 |
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Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

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|---|---|---|--|-----------------------|
| NAME OF FILER Wetherly Capital Group | | Date of This Filing 05/30/2008 | RECEIVED AND FILED the office of the Secretary of State of the State of California | CALIFORNIA FORM 497 |
| AREA CODE/PHONE NUMBER 3107730074 | I.D. NUMBER (if applicable) 126 2608 | Report No. 1 | MAY 30 2008 | For Official Use Only |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | DEBRA BOWEN Secretary of State | |
| CITY | STATE | ZIP CODE | No. of Pages 2 | 1/2 |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |
| | ID: | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: _____

002/002

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

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|---|--|---|--|--------------------------------|
| NAME OF FILER Wetherly Capital Group | | Date of This Filing _____ | RECEIVED AND FILED CALIFORNIA in the office of the Secretary of State FORM 497 MAY 30 2008 DEBRA BOWEN Secretary of State 2 / 2 | For Official Use Only K |
| AREA CODE/PHONE NUMBER | I.D. NUMBER (if applicable) 1262608 | Report No. _____ | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | | |
| No. of Pages _____ | | | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|----------------|--|---|------------------------|-------------------------------------|
| 05/29/2008 | Marty Block for State Assembly ID: 1294013 | Marty Block State Assembly Person Assembly District Ballot: Dist: 78 | 1000.00 | 06/03/2008 |
| 05/29/2008 | Friends of Urenga ID: 1291134 | Tonia Uranga State Assembly Person Assembly District Ballot: Dist: 54 | 1000.00 | 06/03/2008 |
| | ID: | Ballot: Dist: | | |
| | ID: | Ballot: Dist: | | |

Reason for Amendment: _____

05/30/2008 12:37 FAX 12134526575
KAUFMAN DOWNING LLP
MAY 30 2008 12:33

CAND 497 Contribution Report

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Type or print in ink.
Amounts may be rounded to whole dollars.

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| NAME OF FILER RE-ELECT JUDGE MELLON | | Date of This Filing 5/30/2008 | Date Stamp MAY 30 2008 | 497 CONTRIBUTION REPORT CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 415 647-2584 | I.D. NUMBER (if applicable) 1303908 | Report No. 2 | RECEIVED AND FILED in the office of the Secretary of State of California DEBRA BOWEN Secretary of State | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | No. of Pages 1 | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|---|---|
| 5/29/2008 | LAUREL SIMES, | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | ATTORNEY, LEVIN SIMES KAISER & GORNICK | \$2000 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

5/30/2008 9:55 AM FROM: 415 647 2584 TO: 1 916 653-5045 PAGE: 002 OF 002

MAY 30 2008 3:02

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497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

497 CONTRIBUTION REPORT

| | | | | |
|---|---------------------------------------|---|--|--|
| NAME OF FILER Pepsico Incorporated and Affiliated Entities | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only R |
| AREA CODE/PHONE NUMBER (914) 253-2613 | I.D. NUMBER (if applicable) 482209 | Report No. 442 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 05/29/2008 | Alberto Torrico for Assembly 2008 (#1292667) | Alberto Torrico State Assembly Person Assembly District : 20 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | Cabaldon 2008 (#1291069) | Christopher Cabaldon State Assembly Person Assembly District : 8 | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Cathleen Galgiani for Assembly 2008 (#1292897) | Cathleen Galgiani State Assembly Person Assembly District : 17 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | De La Torre for State Assembly (#1292805) | Hector De La Torre State Assembly Person Assembly District : 50 | 2,000.00 | 06/03/2008 |

Reason for Amendment _____

[Signature]

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

2/6

497 CONTRIBUTION REPORT

| | | | | |
|---|---------------------------------------|---|--|---|
| NAME OF FILER Pepsico Incorporated and Affiliated Entities | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (914) 253-2633 | I.D. NUMBER (if applicable) 482209 | Report No. 442 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|---|------------------------|-------------------------------------|
| 05/29/2008 | Dr Ed Hernandez for Assembly 2008 (#1293230) | Ed Hernandez State Assembly Person Assembly District : 57 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | Pelipe Fuentes for Assembly 2008 (#1298546) | Pelipe Fuentes State Senator Assembly District : 39 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | Fran Florez for Assembly (#1292679) | Fran Florez State Assembly Person Assembly District : 30 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | Friends of Anthony Portantino (#1292690) | Anthony Portantino State Assembly Person Assembly District : 44 | 1,000.00 | 06/03/2008 |

Reason for Amendment _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

3/6

497 CONTRIBUTION REPORT

| | | | | |
|---|---------------------------------------|---|---|---|
| NAME OF FILER Pepsico Incorporated and Affiliated Entities | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the office of the Secretary of of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (914) 253-2613 | I.D. NUMBER (if applicable) 482209 | Report No. 442 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 05/29/2008 | Friends of Lloyd Levine (#1278106) | Lloyd Levine State Senator Senate District : 23 | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Friends of Mimi Walters (#1292693) | Mimi Walters State Senator Senate District : 33 | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Friends of Noreen Evans for Assembly 2008 (#1293159) | Noreen Evans State Assembly Person Assembly District : 7 | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Friends of Tony Mendoza 2008 (#1293145) | Tony Mendoza Superintendent of Public Instruction Assembly District : 56 | 1,000.00 | 06/03/2008 |

Reason for Amendment _____

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

4/6

497 CONTRIBUTION REPORT

| | | | | | |
|---|-------------------------------------|--|---------------------------|--|---|
| NAME OF FILER Pepsico Incorporated and Affiliated Entities | | Date of This Filing 05/30/2008 | Date Stamp MAY 30 2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (914) 253-2613 | ID NUMBER (if applicable) 482209 | Report No. 412 | | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | | |
| CITY | STATE | ZIP CODE | No. of Pages 6 | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|---|------------------------|-------------------------------------|
| 05/29/2008 | Hall for Assembly (#1296563) | Isadore Hall State Senator Assembly District : 52 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | Joe Nation for State Senate (#1302696) | Joe Nation State Senator Senate District : 3 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | John Perez for Assembly (#1304231) | John Perez State Assembly Person Assembly District : 46 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | Kevin DeLeon for Assembly 2008 (#1294142) | Kevin DeLeon State Assembly Person Assembly District : 45 | 2,000.00 | 06/03/2008 |

Reason for Amendment: _____

05/30/2008 10:48 OLSON, HARGEL 9164421280 → SOS May 30 2008 11:48 NO.525 0004

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

5/6

497 CONTRIBUTION REPORT

| | | | | |
|---|-------------------------------------|---|---|---|
| NAME OF FILER Pepsico Incorporated and Affiliated Entities | | Date of This Filing 05/30/2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER (914) 253-2613 | ID NUMBER (if applicable) 482209 | Report No. 442 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|---|------------------------|-------------------------------------|
| 05/29/2008 | Mary Hayashi for Assembly 2008 (#1293240) | Mary Hayashi State Assembly Person Assembly District : 18 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | Mary Salas for Assembly (#1295323) | Mary Salas State Assembly Person Assembly District : 79 | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Pedro Nava 2008 (#1293442) | Pedro Nava State Assembly Person Assembly District : 35 | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Re-Elect Audra Strickland for Assembly 2008 (#1293748) | Audra Strickland State Assembly Person Assembly District : 37 | 1,000.00 | 06/03/2008 |

Reason for Amendment _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/30/2008

10:48

OLSON, HAGEL

9164421280 → S05

MAY 30 2008 11:40

NO. 525

0005

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

6/6

497 CONTRIBUTION REPORT

| | | | | |
|---|-------------------------------------|--|---------------------------|---|
| NAME OF FILER Pepsico Incorporated and Affiliated Entities | | Date of This Filing 05/30/2008 | Date Stamp MAY 30 2008 | CALIFORNIA 497 FORM in the office of the Secretary of State of the State of California For Official Use Only DEBRA BOWEN Secretary of State |
| AREA CODE/PHONE NUMBER [914] 253-2613 | ID NUMBER (if applicable) 482209 | Report No. 442 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY | STATE | ZIP CODE | No. of Pages 6 | |

2. Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 05/29/2008 | Sieglock for Assembly 2008 (#1296637) | Jack Sieglock State Assembly Person Assembly District : 10 | 1,000.00 | 06/03/2008 |
| 05/29/2008 | Solorio for Assembly 2008 (#1292964) | Jose Solorio State Assembly Person Assembly District : 59 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | Strickland for Senate (#1294413) | Tony Strickland State Senator Senate District : 19 | 2,000.00 | 06/03/2008 |
| 05/29/2008 | Taxpayers for Bob Huff (#1292695) | Bob Huff State Senator Senate District : 29 | 1,000.00 | 06/03/2008 |

Reason for Amendment _____

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

05/30/2008

10:48

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May 30 2008 11:40

NO. 525

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5

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER
Molloy for Judge

AREA CODE/PHONE NUMBER

(951) 684-8181

STREET ADDRESS

CITY

STATE

ZIP CODE

ID. NUMBER (if applicable)

1304162

Date of
This Filing 05/30/2008 in the office of the Secretary of
of the State of California

Report No. LCR-80529

☐ Amendment
to Report No. _____
(explain below)

No. of Pages 2

RECEIVED AND FILED
DEBRA BOWEN
Secretary of State

MAY 30 2008

1/2

For Official Use Only

R

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER ID. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|------------------|---|---|---|--------------------|
| 05/29/2008 | Riverside Police Officers Assn. PAC ID: 862179 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000.00 |
| 05/29/2008 | The Gorrell Group Inc. ID: _____ Ref: □ | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000.00 |
| 1 | ID: _____ | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | |

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: _____

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

2/2

LATE CONTRIBUTION REPORT

NAME OF FILER
Molloy for Judge

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

1304162

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of
This Filing

RECEIVED AND FILED
in the office of the Secretary of State
of the State of California

Report No.

MAY 30 2008

☐ Amendment
to Report No. _____
(explain below)

DEBRA BOWEN
Secretary of State

No. of Pages

2 / 2

For Official Use Only

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|--------------|--|--|---------------------------|-------------------------------------|
| 1 | ID: | Ballot: Dist: | | |
| 1 | ID: | Ballot: Dist: | | |
| 1 | ID: | Ballot: Dist: | | |
| 1 | ID: | Ballot: Dist: | | |

Reason for Amendment

497 Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

MISC

9

| | | | | |
|--|---|---|--|--|
| NAME OF FILER JAMES MORRIS FOR SUPERIOR COURT JUDGE OFFICE #10 | | Date of This Filing 5/30/08 | Date Stamp RECEIVED AND FILED in the office of the Secretary of State of California MAY 30 2008 DEBRA BOWEN Secretary of State | 497 CONTRIBUTION REPORT CALIFORNIA FORM 497 State For Official Use Only |
| AREA CODE/PHONE NUMBER 209-955-6108 | I.D. NUMBER (if applicable) 1304615 | Report No. 3 | | |
| STREET ADDRESS _____ | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY _____ | STATE _____ | ZIP CODE _____ | No. of Pages 1 | |

1. Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|---|---|--|--|
| 5/30/08 | RON BERBERIAN | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | BUSINESSMAN, BERBERIAN BROS | 1,000 <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | <input type="checkbox"/> Check if Loan _____% Provide interest rate |

Reason for Amendment: _____

*Contributor Codes
IND - Individual
COM - Recipient Committee (other than PTY or SCC)
OTH - Other (e.g., business entity)
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 497 (November/07)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

Misc.

8

LATE CONTRIBUTION REPORT

| | | | | |
|--|---------------------------|--|---------------------------|--|
| NAME OF FILER SKILLED HEALTHCARE, LLC | | Date of This Filing 5/30/08 | Date Stamp MAY 30 2008 | RECEIVED AND FILED in the office of the Secretary of State of the State of California DEBRA BOWEN Secretary of State R |
| AREA CODE/PHONE NUMBER (949) 282-5800 | ID NUMBER (if applicable) | Report No. 2008-01 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY | STATE | ZIP CODE | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
| 5/30/08 | MERVYN DYMALLY | MERVYN DYMALLY ID # 1277294 DYMALLY FOR STATE SENATE | \$2,000.00 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Reason for Amendment _____

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

| | | | | |
|--|---|---------------------------------------|--|---|
| NAME OF FILER <i>California Action Political Institute</i> | | Date of This Filing <i>5-30-08</i> | Date Stamp RECEIVED AND FILED in the office of the Secretary of State of the State of California MAY 30 2008 | CALIFORNIA FORM 496 For Official Use Only <i>R</i> |
| AREA CODE/PHONE NUMBER <i>510 435-4493</i> | I.D. NUMBER (if applicable) <i>1297654</i> | Report No. _____ | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | |
| STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ | | No. of Pages _____ | Hand Delivered <i>Debra Bowen, Secretary of State</i> | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|--|--------------|----------|--------|---|--------------|---------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED <i>Meruyn Dymally for State Senate</i> | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD | DISTRICT NO. | SUPPORT | OPPOSE | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |
| | <i>25</i> | <i>X</i> | | | | | |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|----------------|----------------------------|--------------------------|
| <i>5-30-08</i> | <i>N/A</i> | <i>22,000</i> |
| | | |
| | | |
| | | |
| | | |

Reason for Amendment: _____

CALIFORNIA
FORM 496

NAME OF FILER

California Action Political Institute

I.D. NUMBER (if applicable)

1297654

3. Contributions of \$100 or More Received *

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE ** | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES |
|---------------|---|---|---|-----------------|--|
| 5-30-08 | PHARMACEUTICAL Research & Manufacturers of America Independent Expenditure Committee | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 20,000 | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

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496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

| | | | | |
|---|---|---|------------|--|
| NAME OF FILER CALIFORNIA ACTION POLITICAL INSTITUTE | | Date of This Filing 5-30-08 | Date Stamp | CALIFORNIA FORM 496 RECEIVED AND FILED In the office of the Secretary of State of the State of California MAY 30 2008 Hand Delivered, Sacramento Debra Bowen, Secretary of State |
| AREA CODE/PHONE NUMBER 510-435-4493 | I.D. NUMBER (if applicable) 1297654 | Report No. _____ | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. _____ (explain below) | | |
| CITY | STATE | ZIP CODE | | |

1. List Only One Candidate or Ballot Measure

| | | | | | | | |
|---|---------------------------|---------|--------------------|---|--------------|---------|--------|
| NAME OF CANDIDATE SUPPORTED OR OPPOSED ROD INRIGHT FOR STATE SENATE | | | | NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED | | | |
| OFFICE SOUGHT OR HELD SENATE | DISTRICT NO. 25 | SUPPORT | OPPOSE X | BALLOT NO./LETTER | JURISDICTION | SUPPORT | OPPOSE |

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

| DATE | DESCRIPTION OF EXPENDITURE | AMOUNT |
|---------|---------------------------------------|---------|
| 5-30-08 | EXECUTIVE COMMUNICATIONS SERVICE INC. | \$6000- |
| | | |
| | | |
| | | |
| | | |

Reason for Amendment: _____

496 Independent Expenditure Report

496 INDEPENDENT EXPENDITURE REPORT

CALIFORNIA ACTION POLITICAL INSTITUTE
 NAME OF FILER

CALIFORNIA FORM 496

I.D. NUMBER (If applicable)

1297654

3. Contributions of \$100 or More Received *

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE ** | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES |
|---------------|---|---|---|-----------------|--|
| 5-29-08 | AUBURN MANOR HOLDING CORP. | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | 1000 - | If loan, enter interest rate, if any _____ % |
| 5-29-08 | ELLA MARIE KELLY | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MANAGER-OPERATOR SACRAMENTO SURPLUS BOOK ROOM. | 1000 - | If loan, enter interest rate, if any _____ % |
| 5-29-08 | LASHON EARNEST | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | FIRE FIGHTER City of Haywood CA. | 2000 - | If loan, enter interest rate, if any _____ % |
| 5-29-08 | CYNTHIA J. FAIR | <input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | MANAGER - STATE OF CALIF. | 1000 - | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | If loan, enter interest rate, if any _____ % |

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other (e.g., business entity)
 PTY - Political Party
 SCC - Small Contributor Committee

MISC

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Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

| | | | | |
|--|--|--|--|--|
| NAME OF FILER American Kennel Club | | Date of This Filing 05/28/08 | Date Stamp RECEIVED AND FILED in the office of the Secretary of State of California MAY 30 2008 5-29-08 DEBRA BOWEN Secretary of State | CALIFORNIA FORM 497 For Official Use Only |
| AREA CODE/PHONE NUMBER 212-696-8357 | I.D. NUMBER (if applicable) 135043 130 5043 | Report No. 1 | | |
| STREET ADDRESS | | <input type="checkbox"/> Amendment to Report No. (explain below) | | |
| CITY | STATE | ZIP CODE | | |
| | | No. of Pages 1 | | |

Late Contribution(s) Made

| DATE MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|---|---|------------------------|-------------------------------------|
| 5/28 | Fran Pavley for State Senate | Fran Pavley, State Senate District 23 | \$2000 | 06/03/08 |
| 5/28 | Friends of Stuart Waldman | Stuart Waldman, State Assembly District 40 | \$1000 | 06/03/08 |
| | | | | |
| | | | | |

Reason for Amendment: _____